Trauma Advisory Council

June 16, 2015
1:00 p.m.
Minutes

MEMBERS PRESENT
Terry Collins
Dr. Clint Evans
R. T. Fendley
John Gray
K.C. Jones
Dr. Charles Mabry
Michelle Murtha
Dr. Barry Pierce
Freddie Riley
Dr. Nathaniel Smith
Tim Tackett
Brian Thomas

MEMBERS ABSENT
Dr. Mary Aitken
Kathryn Blackman
Janet Curry
Dr. James Graham
John E. Heard
Thomas Jenkins
Dr. Corey Montgomery
Dr. Michael Pollock
Dr. Ronald Robertson
Dr. Viviana Suarez
Jamey Wallace
Christi Whatley
Jon Wilkerson
Col. Stan Witt (rep. by Sr. Cpl. Karen E. Clark)

GUESTS
Pam Adams
Liberty Bailey
Kim Brown
Jennifer Carger
D'borai Cook
Dr. John Deloach
Scott Endres
Teresa Ferricher
Robert Fox
Jami Husser
Terri Imus
Carla Jackson
Paula Lewis
Dr. Scott Lewis
Lana Martin
Dr. Chuck Mason
Carla McMillan
Susan Minge
Dr. Rosemary Nabaweesi
Sam Norwood
Donna Parnell-Beasley
Susan Pastor
Mandy Pender
John Recicar
Keith Schaefer
Velvet Reed-Shoults
Patti Rogers

GUESTS (Cont.)
John Swanson
Jeff Tabor
Chris Tarkington
Robert Trowbridge
Allen "Bubba" Usrey
Tim Vandiver
Chad Wann
Stacy Wright
Dr. Matt Young

STAFF
Teresa Belew
Dr. James Booker
Greg Brown
Diannia Hall-Clutts
Rick Hogan
Margaret Holaway
Jana Jacobs
Renee Joiner
Alia Lien
Joe Martin
Dr. Todd Maxson
Brian Nation
Donnie Smith
Karis Strevig
Bill Temple
Mandy Thomas
Vaishali Thombre

I. Call to Order – Mr. R.T. Fendley, Chairman

The Trauma Advisory Council (TAC) meeting was called to order on Tuesday, June 16, 2015, at 1:05 p.m. by Mr. Fendley.

II. Welcome and Introductions

Mr. Fendley welcomed all guests and members and asked those on the conference call to introduce themselves. He asked that TAC members and guests on the conference call who wish their attendance noted for the official minutes to send the appropriate e-mail.

III. Approval of Draft Minutes from March 17, 2015

The TAC reviewed the March 17, 2015 minutes. Dr. Mary Aitken asked for a correction to the Injury and Violence Prevention (IVP) Committee report to indicate that the committee met on February 12, 2015. Mr. Fendley asked for a motion to approve the minutes with that correction noted. A motion was made by Ms. Terry Collins and seconded by Dr. Charles Mabry. The motion carried and the minutes were approved.

Mr. Fendley recognized John Recicar and his contribution to the TAC. John will be leaving to take a job as the Trauma Program Manager at Children's Hospital Colorado in Denver, Colorado.

IV. Trauma/Injury and Violence Prevention Branch Operations Report – Bill Temple

Mr. Temple stated that many of the TAC member appointments expire this year. Alia Lien will send an email to these members with directions for moving forward with their decisions regarding whether or not they wish to remain on the TAC.

Mr. Temple called on Joe Martin, Trauma Program Manager, to give a report on the status of fiscal year (FY) 2016 trauma grants. Most hospitals and Trauma Regional Advisory Councils (TRACs) have completed their grant applications. Hospitals that have completed the grant application process should have a July 1, 2015 start date for their grants. Emergency Medical Service (EMS) agencies and training sites can go online at www.healthy.arkansas.gov and fill out their trauma grant application by the end of this week. On another note, invoices usually have to be submitted by June 10th of each year to get paid out of that year's budget. For FY15, the date has been extended to June 26, 2015. There is a total of 1.875 million still available for invoicing for FY15. Mr. Martin asked that entities continue to send in invoices if they have expenditures from this time period.

Hospital grant deliverables for FY16 allow specific hospital trauma-related data to be shared in the closed quality improvement (QI) meetings. The Hospital Committee voted on this measure and the TAC has given its approval.

On January 28, Governor Hutchinson put a hiring freeze in place for state jobs. Extra justification is required to be able to fill these positions. At this time, the Trauma Section has an administrative position and a Public Health Educator position that are affected by the hiring freeze.

Currently, there are 69 hospitals in the state that have received trauma center designation. Mercy Hospital Springfield holds two of these designations as a Level I adult and a Level II pediatric trauma center. Twenty hospitals have undergone their second designation survey. Of those, five (or 25%) of the hospitals are fully designated, meaning no deficiencies, and 15 (or 75%) of the hospitals have a provisional designation for one year, meaning they have received deficiencies. Even though there are many more rules under the new *Arkansas Trauma System Rules and Regulations*, we are finding that hospitals with the appropriate resources dedicated to their trauma program are faring well on their

surveys. The five hospitals that received full designation are Jefferson Regional Medical Center in Pine Bluff; CoxHealth in Springfield, Missouri; Christus St. Michael in Texarkana, Texas; Five Rivers Medical Center in Pocahontas; and Stone County Medical Center in Mountain View.

There is a new Trauma Registry Users Group that has met once. The group was formed to deal with issues regarding the Registry and provide input. John Recicar is the chairman and gave a progress report. Beginning July 1, hospitals will begin submitting data to the National Trauma Data Bank. Use of the Trauma Quality Improvement Program will be an additional requirement for all hospitals.

V. State Clinical Operations Report – Dr. James Booker, Dr. Todd Maxson

Dr. Booker gave a report titled, "Site Surveys Under the New Trauma System Rules and Regulations." His full presentation is attached. Successful surveys are showing a good working relationship between the Trauma Program Manager, Trauma Medical Director, and the administration of the hospital.

Dr. Maxson gave a report titled, "Trauma Data Review: What Does the Data Say?" His report included the strengths and limitations of trauma and IVP data sources today, the data that is available, and the direction for the future. The full presentation is attached.

Mr. Fendley asked Greg Brown to give an update on the EMS data system implementation. Mr. Brown said the implementation of the new data system began in January 2015, but realized a delay of two months with the illness of the data manager. Despite the delay, the "go live" date will be July 1st for use of the new Image Trend EMS Registry. The hospital hub site of the system will be available for access in July or August after trainings commence for hospital personnel.

VI. TAC Committee Reports

(Note: Committee minutes are attached, where appropriate; only official action and additional information provided to the TAC is documented in this section.)

- Finance Committee (R.T. Fendley, Chair)

  Mr. Fendley asked Renee Joiner to report on the committee meeting that occured on May 19th. Ms. Joiner stated that the contract for the Arkansas Trauma Communications Center (ATCC) and for the State Medical Consultants were reviewed and found to provide value to the trauma system. Funding will continue for both of these contracts. There were three funding requests presented by the EMS Committee for consideration. They were approved for funding as follows: allocation of $30,000 of special purpose funding toward EMS instructor training; allocation of 50% of the EMS FY15 pay for performance (P4P) funding to the following P4P metric: 90% of the funding will be available to training sites at or above the national average pass rates for the FY16 time period and 10% of the funding will be available to training sites at or above the state average pass rates for the same time period; and allocation of $10,000 of special purpose funding toward the TraCER course. All three measures were brought to the TAC for adoption and were approved by TAC membership vote.

- Hospital Committee and Site Survey and Assessment Panel (SSAP) (Dr. James Booker, Chair)

  Dr. Booker reported that the SSAP met this morning. Those hospitals that were approved for designation include Stone County Medical Center as a Level IV trauma center, Ozark Health Medical Center as a Level IV trauma center, Region One Medical Center in Memphis as a Level I trauma center, and St. John Medical Center in Tulsa as a Level II trauma center. It was decided that the Trauma Nurse Coordinators at the Trauma Section will contact hospitals that received a

large number of deficiencies to stay abreast of their progress towards remediation of these deficiencies.

- EMS Committee (Tim Tackett - Chair) (did not meet)

  Mr. Tackett reported that EMS is ready to receive the data from the new EMS Registry and make corrections to improve how EMS interfaces with the trauma system. Identified areas of focus will be with the utilization of the ATCC and in the area of education. Mr. Tackett asked K.C. Jones to report on the EMS Committee meeting last month. The Committee addressed three items that will go to the Finance Committee for consideration. The first is for funding toward EMS instructor training. The second is pay for performance to EMS training sites that meet or exceed the national average pass rates. The last involves the allocation of funding toward the TraCER course.

- System Outcomes and Evaluations Committee – (Mr. Steve Bowman - Chair) (no report)

- Injury and Violence Prevention Committee (Dr. Mary Aitken – Chair)

  Dr. Aitken reported that the Committee met on May 14th. The ADH IVP staff reported on progress with the new grants in suicide prevention and motor vehicle safety. The TRACs are focusing their efforts on the prevention of suicide, elderly falls, and motor vehicle safety. Hometown Health Improvement members report that they have a new tracking system in place that will improve their ability to log the hours of their IVP measures across the state.

- Rehabilitation Committee (Jon Wilkerson – Chair)

  Kim Brown reported in Mr. Wilkerson's absence that the 2016-2019 Strategic Plan was presented to the Trauma Rehabilitation Committee at the May 28th meeting and was unanimously approved. A new health educator, Chad Wann, has been hired and has over five years of experience in program development and resource identification. Ms. Brown thanked the hospitals for their timely referrals to the Traumatic Brain Injury Registry. The 4th Annual Trauma Rehabilitation Conference was held May 13th and 14th with 201 participants representing several states. The 2015 Brain Injury Conference is scheduled for August 7th at the Hot Springs Convention Center. The 2015 Spinal Cord Conference will be held at the Benton Event Center on September 24th and 25th. The next Trauma Rehabilitation Committee meeting will be held on July 23rd.

- QI/TRAC Committee (Dr. Charles Mabry – Chair)

  Dr. Mabry stated that the Committee met this past month. Ms. Jennifer Carger of Qsource gave a report on the quality metrics studied in the recent hospital audits. Jeff Tabor reported on the EMS QI process. The closed portion of the meeting dealt with systems issues at a small facility. Mr. Fendley commended the committee members for their passion and commitment to education.

VII. Other

Dr. Nate Smith acknowledged Donnie Smith, who will be retiring at the end of the month. He noted his contributions and dedication to the development and continuation of the trauma system. Mr. Smith has made immense contributions to the Arkansas Department of Health and the health and well-being of Arkansans. Mr. Tim Tackett made a motion that official recognition be made of Mr. Smith's contributions to the TAC. The motion was seconded by K.C. Jones. The motion passed unanimously.

VIII. Next Meeting Date

The next regularly scheduled meeting is on Tuesday, September 15, 2015, at 1:00 p.m.

IX. Adjournment

Without objection, Mr. Fendley adjourned the meeting at 3:05 p.m.

Respectfully Submitted,

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Nathaniel Smith, MD, MPH
Secretary Treasurer of the Trauma Advisory Council
Director and State Health Officer, Arkansas Department of Health

Site Surveys Under New Rules and Regulations

TAC 06/16/15

Redesignations

- Level 1 – 6
- Level 2 – 3
- Level 3 – 3
- Level 4 – 8

Total – 20

Rules Used

- Old - 4
- New - 16

**All redesignations done using the new administrative process

Full Designation - No Deficiencies

One Year Designation - Level II Deficiencies

Loss of Designation - Level I Deficiencies

Redesignations by Level

	Total	New	Old
Level 1	6	3	3
Level 2	3	3	0
Level 3	3	2	1
Level 4	8	8	0

TRAC Designations

- Central – 5
- Northeast – 4
- North Central – 4
- Northwest – 2
- Southeast – 1
- Arkansas Valley – 2
- Southwest – 2

Designations by Type

- Full Designation - 8
- One Year Designation - 12

Designations by Type

- Total (20)
  - Full Designation – 8
  - One Year Designation – 12

- New Rules (16)
  - Full Designation – 4
  - One Year Designation – 12

Designations by Type

- Total (20)
  - Full Designation – 8
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  - One Year Designation – 12
- Old Rules (4)
  - Full Designation – 4
  - One Year Designation – 0

Designation Type By Level

New Rules

Level	Full**	One Year	
I	1	2	33%
II	0	3	0%
III	1	1	50%
IV	2	6	25%

** No Deficiencies

Common Deficiencies

(2.26) (2.28) (2.24) Consultant Coverage –

Trauma centers shall have an internal policy identifying the expectations for consultant responses. Deviations to the policy shall be tracked in the QI process.

Level	I&II	III	IV	Total**
	4	1	3	8

** Of 16 Facilities

Common Deficiencies

(3.4) (3.3) General Surgery – Shall have taken ATLS at least once or shall be current in ATLS within one year of hire

Level	I&II	III	IV	Total**
	5	0	1	6

** Of 16 Facilities

Common Deficiencies

(10.10) (10.10) (8.10) Trauma Chart Review – Review of the entire patient's encounter with the trauma system, from EMS through hospital treatment and discharge, transfer, or death, with identification of opportunities for improvement in any and all aspects of care.

Level	I&II	III	IV	Total**
	3	0	2	5

** Of 16 Facilities

Common Deficiencies

(2.23) (2.25) (2.21) Trauma Liaisons – Official physician liaisons shall be named for EM, orthopedics, neurosurgery, anesthesia, critical care, and radiology. Liaisons are responsible for the accurate dissemination of information from the trauma committee meetings to their service members.

Level	I&II	III	IV	Total**
	0	0	4	4

** Of 16 Facilities

Common Deficiencies

(11.1)(9.1) Trauma Registry Data and Submission to the Trauma Registry- Timely abstraction of the charts of injured patients who meet inclusion criteria; data shall be entered into the Trauma Registry and closed within 60 days of discharge.

Level	I&II	III	IV	Total**
	2	0	2	4

**** Of 16 Facilities**

Common Deficiencies

(11.7) (11.7) (9.7) Participation in Trauma Regional Advisory Council (TRAC) At least 50% of the required (to be determined by the TRAC) regional meetings shall be attended by the: TMD

Level	I&II	III	IV	Total**
	1	1	2	4

** Of 16 Facilities

Common Deficiencies

(2.25) (2.27) (2.23) Trauma Team - A predetermined set of care providers and ancillary personnel (physicians, mid-level practitioners, nurses, X-ray technologists, laboratory, respiratory therapists, etc.) needed to provide resuscitation, rapid triage, and transfer of the severely injured.

Level	I&II	III	IV	Total**
	3	0	0	3

** Of 16 Facilities

Deficiencies by Section

	I & II	III	IV	%
Support and Infrastrucure	0	1	1	1.09
Staffing	16	2	9	14.8
Participation	16	3	10	15.9
Emergency Department (ED)	14	4	19	20.3
Essential Equipment	0	0	1	0.55
Operative Services	1	0	0	0.55
Intensive Care Unit	3	0	0	1.09
Other Trauma Care Areas & Services	4	0	6	5.5
Effective Transfer of Patients	3	1	2	3.3
Quality Improvement and Peer Review Process	16	6	21	23.6
Responsibility to the ADH	8	2	8	9.9
Trauma Research	0	0	0	0
Other Responsiblilites of Comprehensive Trauma Centers - Basic Facilities	1	3	1	2.7
	82	22	78	182

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Trauma Data Review

Arkansas Dept. of Health
Trauma / Injury and Violence Control

Presently

- No System Outcomes Assessment Plan
- Multiple sources of variably reliable data
- Risk
- System Outcomes Committee

Clinical Area

- What are our data sources today
  - Strengths and limitations
- Questions to be answered
  - Various Clinical area input
  - Through System's Outcomes Committee
- Data available
- Future Directions

IVP Data

- Data
  - WISQARS (gigo)
  - FARS
  - Vital Statistics (2 yrs. behind)
  - Hospital Discharge data
  - ED Discharge data (2014)
  - Trauma Registry (2011)

IVP - Reports

- Trends over time
- Broken down by National / State / TRAC
  - Incidence by mechanisms
  - Incidence by age
  - Incidence by intent

  - Mortality by mechanism
  - Mortality by age
  - Mortality by intent

IVP

- Plans – July Finance
  - Intervention by Mechanism, age, area
    - Process measures
    - Outcome measures – reflected back in reported trends

Pre-hospital

- EMS registry
  - Not reliable
  - July 2015 – Image Trend Registry
- ATCC database
  - Timestamps and process
  - Lacked triage levels
- Trauma Registry – 2011
  - Lacks specific data elements

EMS – desired reports

- Educational Preparation
  - Number of new medics on the streets
    - EMS section
    - Training sites
      - 17 ALS sites – 24% have pass rates that reach the national pass rate
      - 33 BLS sites – 33% have pass rates that reach the national pass rate
  - PHTLS or ILS current

EMS – desired reports

- Call to ATCC for all Major and Moderate trauma scene runs
  - New registry will track July 2015
- Following ATCC recommendation
  - CY 2015 89.5%
- Submission of complete and accurate EMS run record to EMS section
  - New registry will track July 2015

EMS - desired reports

- Time stamps of EMS performance over time
  - Response to call
  - Scene time
  - Total time to destination (not indexed by distance)
  - Report #1, 2 , 3

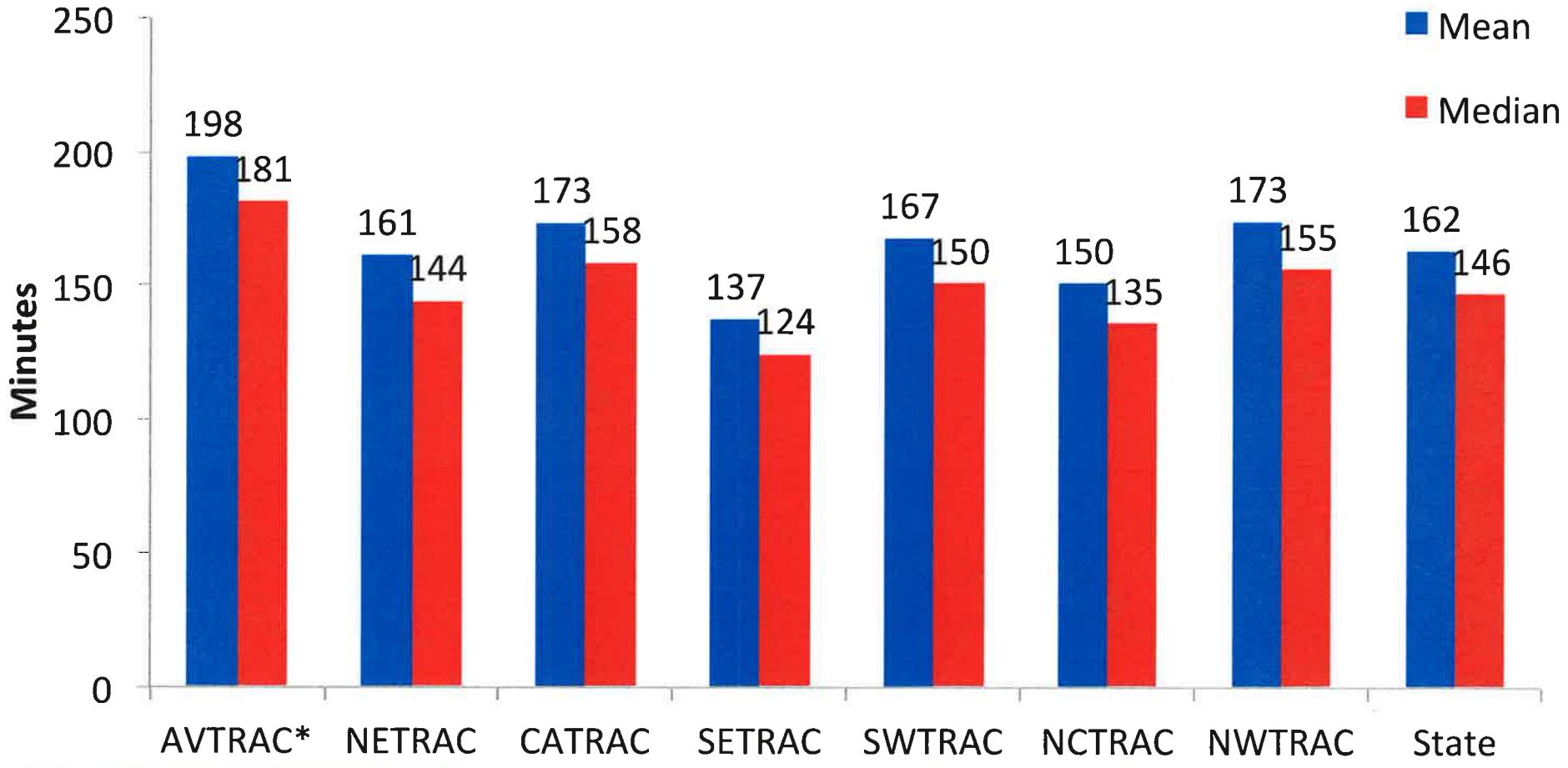
Pre-hospital

- Interventions
  - Airway management for GCS <8
  - SMR
  - IV attempts
- All not available until July 2015
- Ultimately link records to look at the effect of performance on outcomes by agency, region, etc.

Transfer process

	Txfer Request	ATCC Process	Acceptance	LOS	EMS Notified	EMS Response
2011	01:21:47	00:03:48	00:07:39	02:41:56	01:51:28	00:31:00
2012	01:29:50	00:05:07	00:07:03	02:44:32	01:56:51	00:31:37
2013	01:25:11	00:05:39	00:06:56	02:44:32	01:53:03	00:32:27
2014	01:28:12	00:05:53	00:08:05	02:40:17	01:55:00	00:31:19
2015	01:37:02	00:06:18	00:09:18	03:09:14	01:52:37	00:34:23
Avg	01:28:24	00:05:21	00:07:48	02:48:06	01:53:48	00:32:09

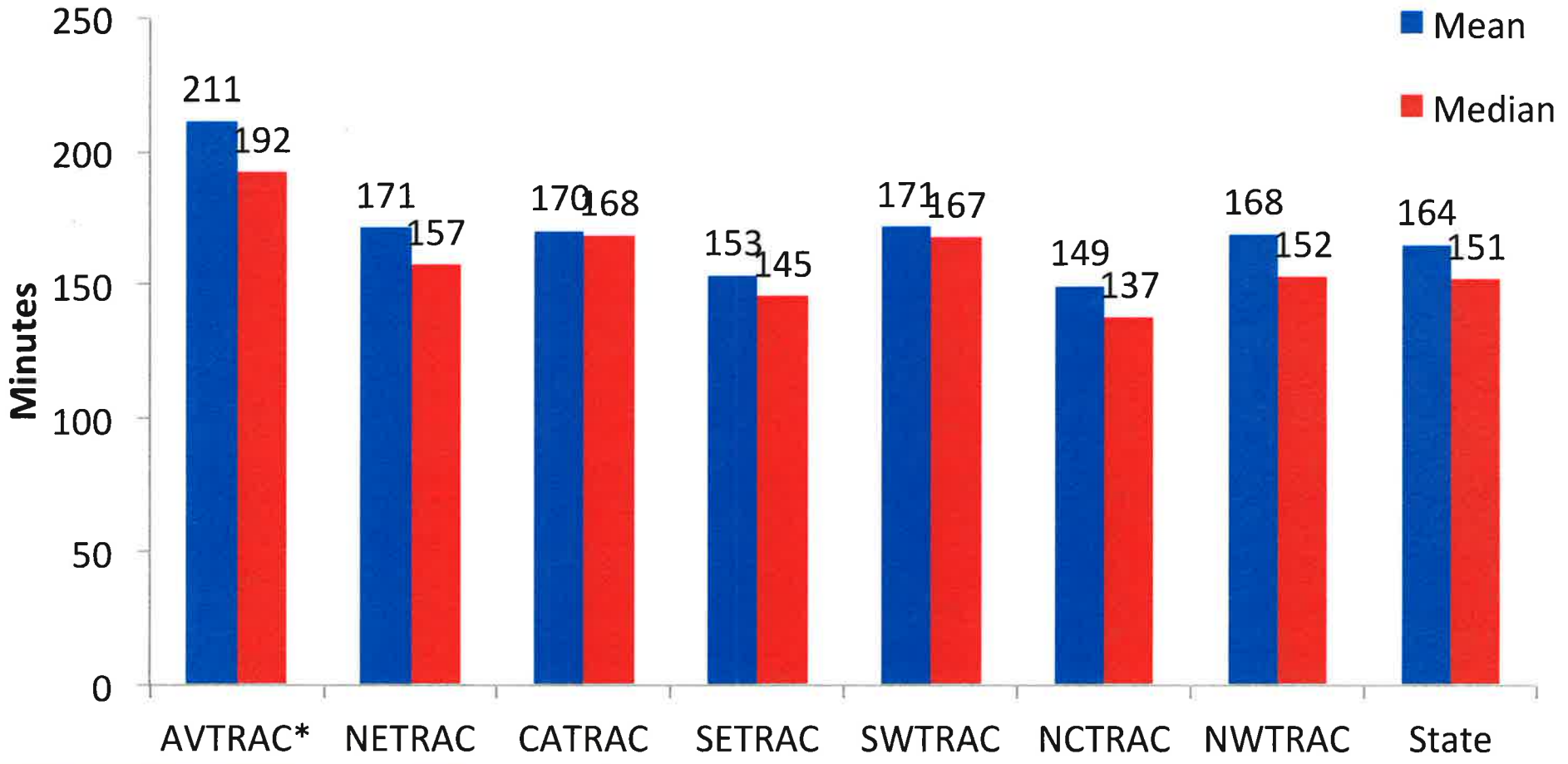
Arkansas Trauma Registry Scorecard
EDLOS for Transfer Patients
CY 2014, By TRAC



*p<0.0001

Source: Arkansas Trauma Registry

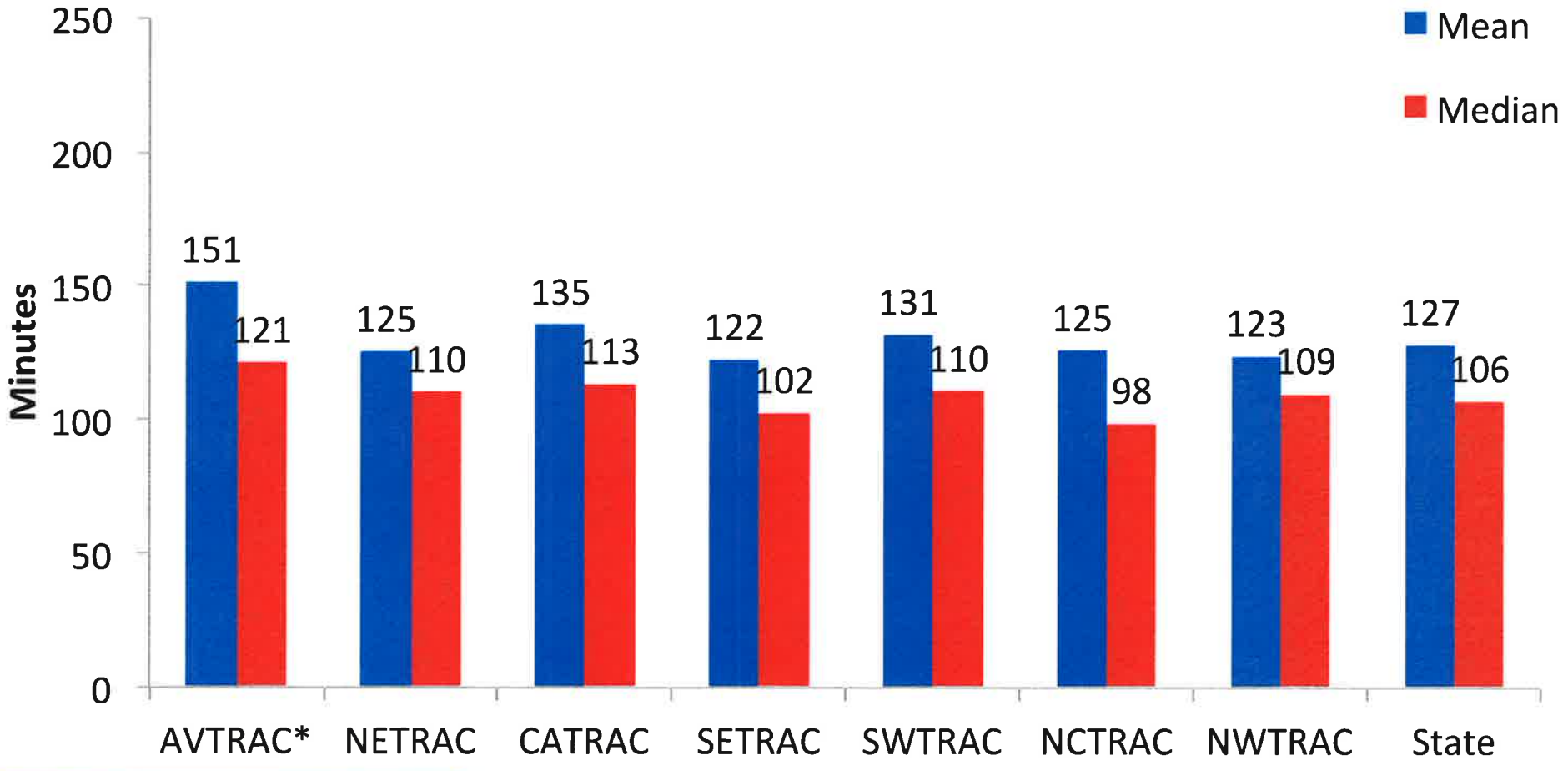
Arkansas Trauma Registry Scorecard
EDLOS for Transfer Patients with Head AIS >2, ISS 16+, or GCS <9
CY 2014, By TRAC



*p<0.0001

Source: Arkansas Trauma Registry

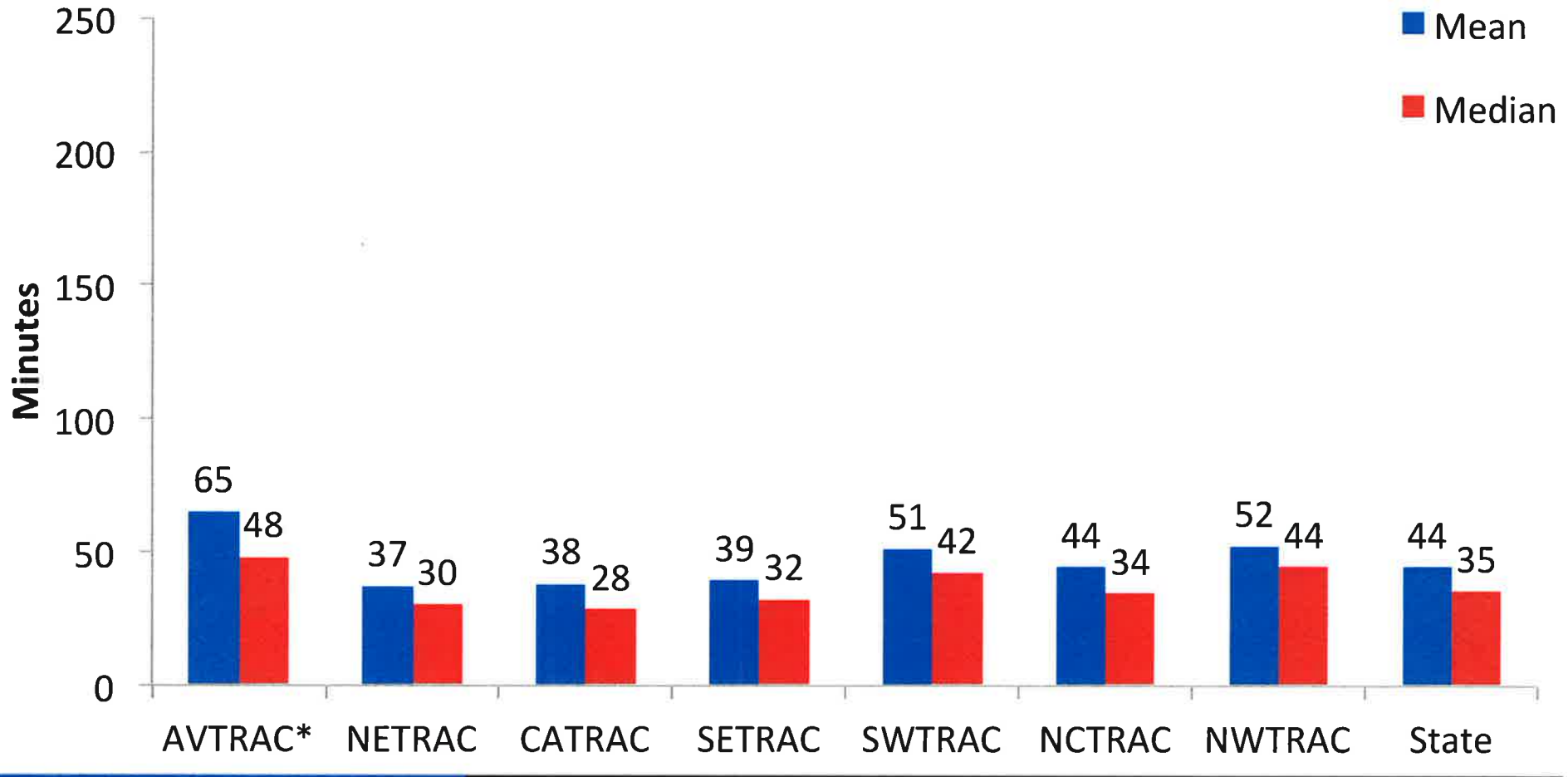
Arkansas Trauma Registry Scorecard
Duration to Contact EMS for Transfer Support
CY 2014, By TRAC



*p<0.0001

Source: Arkansas Trauma Registry

Arkansas Trauma Registry Scorecard
Duration to Departure for Transfer Support After EMS Contact
CY 2014, By TRAC



*p<0.0001

Source: Arkansas Trauma Registry

Urgent Trauma Transfers

	Txfer Request	ATCC Process	Acceptance	LOS	EMS Notified	EMS Response
Urgent	01:08:53	00:02:51	00:05:27	02:23:19	01:46:37	00:30:58
All Other	01:35:07	00:08:36	00:09:00	03:03:18	01:52:49	00:36:44

Call Center Effectiveness

J Trauma Acute Care Surg. 2014 Apr;76(4):907-11; discussion 911-2. doi: 10.1097/TA.0000000000000142.

The effectiveness of a statewide trauma call center in reducing time to definitive care for severely injured patients.

Porter A[1], Wyrick D, Bowman SM, Recicar J, Maxson RT.

+ Author information

Abstract

BACKGROUND: The state of Arkansas developed and implemented a comprehensive inclusive trauma system in July 2010. The Arkansas Trauma Communication Center (ATCC) is a central component in the system, designed to facilitate both scene transports and interfacility transfers within the state. The first 18 months of operations were examined to evaluate the relationship between ATCC use and emergency department (ED) length of stay (LOS) at sending facilities for patients who require urgent care.

METHODS: ATCC data were linked to the Arkansas Trauma Registry using unique identifiers. Patients younger than 15 years were excluded from the analysis. Patients older than 15 years with significant injury requiring interfacility transfer were the study population. Significant injury was defined as those with hypotension (systolic blood pressure < 90 mm Hg) or Glasgow Coma Scale (GCS) score less than 9 at the sending facility or Injury Severity Score (ISS) of 16 or greater at the definitive care facility. This cohort was stratified by the use of the ATCC, and ED LOS was determined.

RESULTS: The study population who met the inclusion criteria was 856; 632 (74%) of whom used the ATCC and 224 (26%) did not use the ATCC for interfacility transfers. There were no statistically significant differences noted between these two groups regarding ISS, systolic blood pressure, and GCS score. The ATCC was associated with a 21-minute reduction in the ED LOS at the sending facility when controlling for all other factors. ($p = 0.005$).

Effects of Education

J Trauma. 2011 Feb;70(2):315-9. doi: 10.1097/TA.0b013e318209589e.

Does the rural trauma team development course shorten the interval from trauma patient arrival to decision to transfer?

Kappel DA[1], Rossi DC, Polack EP, Avtgis TA, Martin MM.

+ Author information

Abstract

BACKGROUND: The Rural Trauma Team Development Course (RTTDC) was developed by the ad hoc Rural Trauma Committee of the American College of Surgeons, Committee on Trauma to address the increased mortality of the rural trauma patient. The effectiveness of the RTTDC in shortening the interval from patient arrival to decision to transfer and the effect on the transfer process of communication training emphasizing team building is the focus of this study.

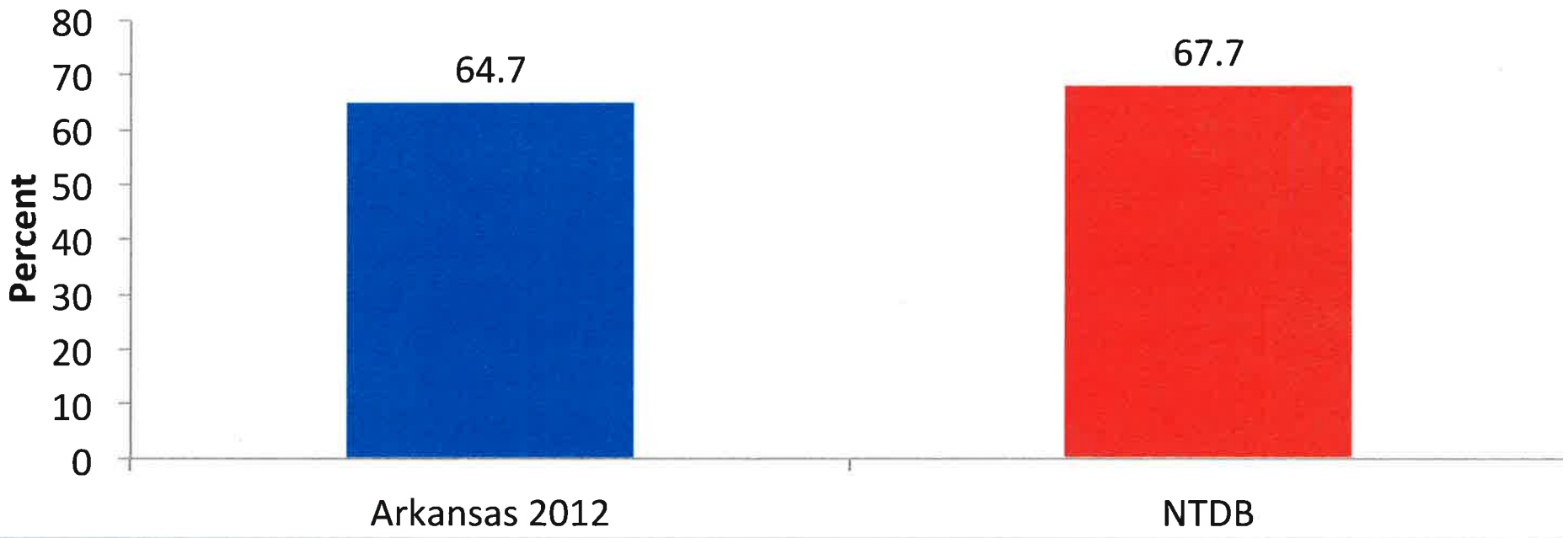
METHOD: Rural level III and level IV trauma centers (N=18) were enrolled in a multiinstitutional 3-month longitudinal study of transferred trauma patients. Results were compared with institutions having hosted RTTDC versus those institutions not yet exposed to the course.

RESULTS: One-way analysis of variance was conducted. Results indicated that RTTDC training alone and RTTDC including communication training resulted in a statistically significantly shorter ($p<0.05$) time for decision to transfer. Transferring squad arrival time was also significantly reduced ($p<0.01$) as was the number of transferring squads contacted ($p<0.01$). No differences were observed among the trauma facilities and the number of receiving facilities contacted, ($p=0.64$) or in the time required to find an accepting facility ($p=0.72$).

CONCLUSION: The RTTDC alone and with the embedded communication module significantly reduce delays in the transfer process of the rural trauma patient.

Appropriate transport mode

Arkansas Trauma Registry Scorecard
Helicopter Transports, Excluding Pediatric Patients
Arkansas vs. NTDB



	Arkansas, 2014		NTDB, 2011
		% of Total	% of Total
Met any of previous criteria	642	64.7%	67.7%
Total Helicopter Transports	993		

Source: Arkansas Trauma Registry, National Trauma Data Bank

Arkansas Trauma Registry Scorecard
Significantly Injured vs. Non-Significantly Injured Patients
By ED Disposition Status
Arkansas, 2014

ED Discharge Disposition	Significant Injuries		Non-Significant Injuries	
	N	Percentage	N	Percentage
Died	23	2.9%	0	0.0%
Floor Bed	52	6.6%	288	59.6%
Home	4	0.5%	88	18.2%
ICU	395	50.6%	0	0.0%
Observation Bed	0	0.0%	4	0.8%
Operating Room	250	32.0%	0	0.0%
Other	4	0.5%	8	1.7%
Telemetry/ICU Step-down	9	1.2%	36	7.5%
Transferred	23	2.9%	29	6.0%
Missing	21	2.7%	30	6.2%
Total	**781**	**100%**	**483**	**100%**

Source: Arkansas Trauma Registry

Arkansas Trauma Registry Scorecard
Significantly Injured vs. Non-Significantly Injured Patients
Helicopter Flights, By Payment Status
Arkansas, 2014

Payment Type	Significant Injuries		Non-Significant Injuries	
	N	Percentage	N	Percentage
Blue Cross/Blue Shield	115	14.7%	54	11.2%
Medicaid	171	21.9%	147	30.4%
Medicare	103	13.2%	75	15.5%
No Fault Auto	83	10.6%	37	7.7%
Other	28	3.9%	21	4.3%
Other Government	4	0.5%	1	0.2%
Private/Commercial Insurance	145	18.6%	77	15.9%
Self Pay	107	13.7%	55	11.4%
Workers Compensation	24	3.1%	16	3.3%
Missing	1	0.1%	0	0.0%
Total	**781**	**100%**	**483**	**100%**

Hospital Performance Data

- State and TRAC report
- Hospital Specific report with NTDB benchmarking
- No risk adjustment

Hospital Data Quality Reports

- QIO will mail out 4th Quarter hospital specific reports on June 19th.
- Focus on accuracy and completeness of the fields necessary to do our System Dashboard.
- Aggregated report will follow

Rehabilitation

- TBI discharge to Rehab – 15.8%
  - Many (26%) leave AMA
  - Many (27%) the dispo is missing
- TBI data to registry w/in 5 days
  - - 62.7%
- SCI discharge to Rehab – 63.2%
- Triumph calls – 70 / 15 months with increasing numbers per month

Preventable Mortality

- 2009 trauma deaths – Pre System
- April 2013 – March 2014 – Post

- 2200 Arkansans died of injury
- 800 (35%) made it to hospital
- 400 (50%) reviewed by committee

- Independent committee chair

Preventable Mortality

- No differences in demographic, mechanisms, intent
- Whites – 72%, African American – 23%, Other – 5%
- MVC – 52%
- Firearms – 27%
  - 60% (16%) homicide
  - 40% (11%) suicide

Preventable Mortality

- Place of Death
  - Level I – 24%
  - Level II – 19%
  - Level III – 33%
  - Level IV – 21 %
- Only 18% survived to transfer and 94% were transferred to a level I or II

Preventable Mortality

- Cause of Death < 24 hrs.
  - CNS – 48%
  - Hemorrhage - 29%
  - Airway - 3%
  - Indeterminate – 19%
- Cause of Death > 24 hrs.
  - CNS 64%
  - Hemorrhage - 4%
  - Other - 32%

Preventable Mortality

- Trauma team activation appropriately for patients based on pre-hospital notification
  - Pre System – 33%
  - Post System – 77%

Preventable Mortality

- Total Preventable Mortality Rate
  - Pre System – 30%
  - Post System – 16%
- Care Appropriate Determination
  - Pre System – 16%
  - Post System - 28%

Preventable Mortality

- Primary area where preventability was ascribed
  - Prehospital – 15%
  - ED – 44%
  - Post ED – 41 %

Preventable Mortality

- Care issues in Prehospital
  - Failure to secure / maintain an airway
  - Inappropriate fluid resuscitation
  - Excessive scene time
  - Failure of proper management of chest injuries

Preventable Mortality

- Care Issues in the ED
  - Too much time spent obtaining CT or going to CT in shock
  - Failure to recognize injury
  - Inappropriate chest injury management
  - Delay in airway control
  - Inappropriate use of vasoactive medication

Preventable Mortality

- Care issues beyond the ED
  - Delay to OR
  - Delay in other therapeutic procedure
  - Inappropriate operation
  - Diagnostic procedure delay
  - Failure to recognize injury

Preventable Mortality

- Need comparisons of care issues pre and post
- Continue the evaluation longitudinally
- Risk adjust the mortality rate

Dashboard Elements

- IVP
  - Rate of injury for target group
    - MVC (24- ?)
    - Suicide
    - Falls (> 55 yrs. of age)

Dashboard elements

- EMS education
  - Training site performance
  - PHTLS, ITLS currency
- EMS performance
  - Notification of ATCC
  - Follow ATCC recommendations
  - Complete and submit records within 72 hours of encounter

Dashboard elements

- EMS performance
  - Response times for scene calls, urgent and non-urgent transfers
  - Airway control for patients with GCS < 8

Dashboard Elements

- Resuscitation
  - Trauma team activation for patients with hypotension
  - Time to OR < 2 hours for hypotensive patients with dispo to OR (Level I- III)
  - ED dwell time < 2 hours for patients with hypotension or initial GCS < 8 (level III & IV)

Dashboard Elements

- Transfer Process
  - Time from arrival until ATCC call
  - Time from ATCC call until acceptance
  - Transfers with discharge from accepting facility ED
  - Helicopter transfer that are DC from ED or with hospital stay < 23 hours

Dashboard Elements

- Discharge of patients without rehab admission
  - SCI
  - TBI (define)

Dashboard elements

- Mortality by:
  - Age groups
  - ISS
  - Region
- Preventable Mortality
  - Frankly
  - Potentially
  - Care appropriate

Trauma Advisory Council (TAC) Finance Committee
May 19, 2015

Members Present	Guests	Staff
R.T. Fendley (Chair)	Jennifer Carger (phone)	Teresa Belew
Terry Collins	Dr. Mike Sutherland	Melissa Foust
John Recicar	Danny Bercher	Diannia Hall-Clutts
Tim Tackett	Scott Endres	Renee Joiner
Dr. Ronald Robertson	Jodianne Tritt	Dr. Todd Maxson
Jon Wilkerson (phone)	Dr. Steve Bowman (phone)	Bill Temple
Dr. Charles Mabry	Jeff Tabor	Joe Martin
Members Absent		Katy Allison
Stuart Hill		Mandy Thomas
		Gabraelle Lane

I. Call to Order by R.T. Fendley at 3:00 p.m.

II. Old Business:

Approval of Minutes from April 21, 2015

A motion was made to accept the minutes. The motion was seconded and passed unanimously.

III. New Business:

Arkansas Trauma Communications Centers (ATCC) Contract Review – Jeff Tabor

Mr. Tabor presented a review of the ATCC's contract performance. All contract deliverables have been met. In summary, the average daily caseload is 43.5 with 6.56 contacts per case. Since the beginning of the contract the ATCC has added the coordination of the Trauma Image Repository and the hand telemedicine program as deliverables. New initiatives for FY16 include integration of ATCC in mass casualty plans, air ambulance flight following, and implementation of a robust internal quality improvement process. Mr. Tabor reported that the greatest limitation to providing the best information on destination is still the unknown location of ground ambulances. Areas of future ATCC expansion could include support for Stroke/STEMI transports and expansion of the telemedicine program. There is no request for additional funding to continue with the contract deliverables as they stand. A motion was made to renew the contract. The motion was seconded and passed unanimously.

Trauma Medical Consultant Contract Review – Dr. Todd Maxson

Dr. Maxson presented a review of the Trauma Medical Consultant's contract performance. All contract deliverables have been met. Dr. Booker is now splitting the FTE time on this contract with Dr. Maxson. The split is 65% Dr. Maxson and 35% Dr. Booker. There was no funding added as a result of this contract amendment. This change has improved consistency in availability at the ADH.

Major accomplishments during FY15 include:

- Data Collection and Use: negotiations with American College of Surgeons (ACS) for statewide Trauma Quality Improvement Program (TQIP) participation; discussions with Digital Innovations to address software issues to include the ability for the web based registries to submit to the National Trauma Data Bank; development of state and facility level performance improvement benchmarking reports; discussions with ArborMetrics regarding risk adjustment reporting.
- AR is a pilot state for TQIP to develop system outcome metrics for national benchmarking purposes.
- Preventable Mortality Review (PMR): Pre/post trauma system implementation PMR completed; On-going PMR is designed and will begin with January 2015 deaths.
- Implementation of the Clinical Practice Management Guidelines.
- Worked with consensus groups to revise the Trauma System Rules and Regulations (*Rules*) to comply with ACS national standards.
- Updated the designation process to meet requirements of the new *Rules*.

Goals in Process:

- Automated, recurring scorecard to Trauma Regional Advisory Councils, hospitals and EMS agencies.
- Implementation of a risk adjusted methodology for performance improvement reporting.
- EMS statewide treatment protocol implementation.
- Implementation of trauma activation fees.
- Development of a public and legislative advocacy campaign.

There is no request for additional funding to continue with the contract deliverables as they stand. A motion was made to renew the contract. The motion was seconded and passed unanimously.

<u>Injury and Violence Prevention (IVP) Funding – Teresa Belew</u>

Ms. Belew presented a review of the statewide IVP Program to include the following:

- Organizational structure
- The recommendations and goals developed by Safe States, CORE grant and the TAC Retreat are used to guide program development.
- Review of the burden of injury by mechanism, age, cost, mortality, and hospitalization (CY 2013)
  1. Suicide
  2. MVC
  3. Unintentional Poisoning
  4. Unintentional Falls
  5. Homicide
- Major accomplishments include implementation of evidenced based interventions across the life span.
- Review of activity by Hometown Health Improvement (HHI), TRACs, and state level initiatives.
- Review of funding request: $1,140,000

  $140,000 TRAC Subgrants
  $500,000 HHI
  $500,000 State Level Initiatives

A motion was seconded and passed unanimously to continue funding of IVP initiatives on a month to month basis until additional information regarding the evaluation of interventions, the development of outcome metrics, and tracking of funding by the top mechanisms of injury can be developed.

Action Items:

- Ms. Belew will bring additional information to the July Finance Committee meeting to answer questions outlined in the above motion.

Funding Requests Recommended by the EMS Committee

The EMS Committee reported on a review of the training site sub-grants that revealed our EMS training sites are well below national standards on pass rates. The national and state average pass rates are:
Basic: National – 69%; State – 64%
Advanced: National -73%; State – 53%

The Training Site Committee identified two main reasons for the low pass rates: student readiness and instructor competence. In an effort to affect change on this much needed program, the EMS Committee presented two requests for funding. After discussion, the Finance Committee voted on the following motions:

A motion was made to allocate $30,000 of special purpose funding toward EMS instructor training. The course is entitled "Evaluating Student Competency Workshop" and is developed by the National Association of EMS Educators and the Committee on the Accreditation of EMS Professionals and is recommended as a best practice initiative to improve student pass rates. The motion was seconded and passed unanimously.

A motion was made to allocate 50% of the EMS FY15 pay for performance (P4P) funding to the following P4P metric: 90% of the funding will be available to training sites at or above the national average pass rates for the same time period and 10% of the funding will be available to training sites at or above the state average pass rates for the same time period. This funding will be carried forward to FY17 and made available to sites meeting the metric during FY16. The motion was seconded and passed unanimously.

The EMS Committee presented an additional request from the Training Committee to improve the critical care skills of paramedics. The Transport Certification Exam Review Course (TraCER) is provided through the International Association of Flight and Critical Care Paramedics and is recommended as a best practice to improve pass rates of the critical care transport certification exams.

A motion was made to allocate $10,000 of special purpose funding toward the TraCER course. The motion was seconded and passed unanimously.

The meeting was adjourned by Mr. Fendley at 5:00 p.m.

Asa Hutchinson
Governor

Kim H. Brown, LCSW, CCM, CRC
Rehabilitation Program Manager
Arkansas Spinal Cord Commission

TAC Rehabilitation Committee Meeting
1:30 p.m. Thursday, May 28, 2015
Arkansas Spinal Cord Commission Central Office Conference Room

Minutes

Members Present: John Bishop (Baptist Health), Letitia DeGraft-Johnson* (Arkansas Department of Health), Robert Griffin (Arkansas Blue Cross Blue Shield), Sara McDonald (NeuroRestorative Timber Ridge), Alan Phillips* (Arkansas Career Training Institute), Patti Rogers (Arkansas Spinal Cord Commission), Aleecia Starkey (Special Education Resource Consultants), Karolyn Thompson (CHI St. Vincent), Esther Tompkins (Arkansas Children's Hospital), and Jon Wilkerson (TAC, Chair)

*Attended via conference call.

Members Not Present: Frank Snell (Snell Prosthetics and Orthotics)

Staff, Guests, and Observers Present: Kim Brown (Arkansas Trauma Rehabilitation Program), Bradley Caviness (ATRP), Chad Wann (ATRP), and Rosemary Nabaweesi (UAMS).

Mr. Wilkerson called the meeting to order and asked everyone present to introduce him or herself.

Mr. Wilkerson asked for a motion to approve the minutes of the previous meeting as written. Ms. Rogers made such a motion. Mr. Bishop seconded the motion. The motion was carried on a voice vote.

Mr. Wilkerson made a request to change the order of the items on the agenda. He requested that approval of the Strategic Action Plan be discussed and voted on next to accommodate committee members who have to leave the meeting early. Ms. Brown described process of revising plan for next three years to build upon accomplishments the program has made and redirect around obstacles. The program's goals remain substantially the same, but some of the action steps have been adjusted to reflect what the program can realistically deliver. She would like to use the Strategic Plan portion of October's meeting to discuss forming work groups of committee members to address the plan's action steps.

Mr. Wilkerson asked for a motion to approve the 2016-2019 Strategic Action Plan. Ms. Starkey made such a motion. Dr. Phillips seconded the motion. The motion was approved on a voice vote.

Ms. Brown offered an update of Trauma Rehabilitation Program Activities.
She said planning continues for the fifth annual Brain Injury Conference, which will be held Friday, August 7, at the Hot Springs Convention Center's Horner Hall. ATRP is working with ICAN to plan the second Assistive Technology Conference, which will be held on March 17-18 at the Benton Event Center. The second conference will expand to a day and a half. Karen Kangas, OT, will do a daylong workshop on seating and positioning. Therese Willkomm will return to do a half-day presentation on home modification and evaluation issues. Mr. Phillips encouraged Ms. Brown to assist ICAN staff to make sure RESNA pre-approves continuing education credit for the event and ICAN has the paperwork to facilitate assistive technology professionals receiving the credits they earn.

Ms. Brown announced that the 2016 Arkansas Trauma Rehabilitation Conference will be held on Thursday, May 19, and Friday, May 20, 2016. For the 2016 conference, the entire Embassy Suites Little Rock ballroom has been reserved to expand attendance and the number of exhibitors and vendors. "Ethics: A Musical Comedy" (which is credentialed and pre-approved continuing education for social workers, counselors, rehab counselors, and other professions that require ethics training) has already been tentatively confirmed for the second day of the conference. Several other speakers have also agreed to present on a number of rehabilitation related topics.

Ms. Brown reported that the TBI registry now has 450 entries. Mr. Wann has prepared a report giving a detailed overview of the data collected in the registry. Mr. Caviness will forward that report to committee members after the meeting.

Ms. Brown said that the Disability Resource Website continues to grow. Mr. Wann is continuously adding resources.

Ms. Brown reported that the 2015 Arkansas Trauma Rehabilitation Conference was a success. Attendance and registration was up 5% over last year's conference. In total, 215 people registered for the conference, and 201 actually attended. Attendees included therapists (Physical Therapists and PT Assistants, Speech-Language Pathologists, Occupational Therapists, and Recreational Therapists), acute and rehab healthcare providers, nurses, insurance personnel, community service and state government employees, case managers, and rehabilitation counselors. Half of the attendees traveled less than 50 miles to attend. Twelve of the attendees traveled more than 200 miles to attend. Attendee evaluations uniformly rated the conference program and facilities good to excellent, and suggested several interesting topics for future conferences.

Ms. Thompson suggested in addition to acquiring distribution lists from professional licensing boards for the conference's target audience, to also contact these boards directly to include information on upcoming events directly with licensees via their website, newsletter, etc.
Ms. Starkey is pursuing a potential workshop for training Department of Education employees that work with students who have a TBI.
Ms. Brown said she has received a request from a Level IV hospital in Fort Smith to do an in-service on reporting to the TBI Registry. She is developing a one-hour presentation to give to smaller facilities on acute management of TBI and other topics. She may call on committee members to help gather information for these presentations.

Ms. McDonald said that NeuroRestorative provides a one-hour webinar once a month to provide continuing education to its employees. She said that Certified Brain Injury Specialists who have completed training offered by ATRP could attend those sessions to help meet their continuing education requirements. Mr. Bishop added that Baptist Health provides similar trainings on a regular basis, and that non-Baptist personnel would be welcome to attend. Ms. Brown said information on these kinds of educational opportunities can be added to the ATRP website.

Other Business
Mr. Wilkerson asked committee members to think of ways they can help to promote the TRIUMPH Call Center to primary care physicians and SCI and TBI populations. He also requested that Jason Francis work on ways in which social media could be used as a platform for promotion of this service.

Dr. Griffin said it would be possible to include information about the program in the quarterly Blue Cross Blue Shield newsletter to its members. He added the Blue and You Foundation might also be able to provide a grant to enhance and disseminate information about TRIUMPH to other carriers and areas.

Ms. Starkey said public libraries are another avenue to disseminate information about TRIUMPH, especially to rural communities.

Ms. Rogers said that TRIUMPH's Program Coordinator, Jeff Pinto, is doing in-services at hospitals all over the state promoting the call center. She added that all ASCC clients received information about the service in 2013. Mr. Pinto and Dr. Kiser are going to talk about TRIUMPH at the SCI Conference in September. TRIUMPH is also featured in every quarterly ASCC newsletter.

Ms. McDonald recommended we schedule TRIUMPH for a short, 10-15 minute presentation at every conference the Committee plans to promote the service.

Dr. Griffin announced that he will be retiring his position as Senior Vice President and Chief Medical Officer for Arkansas Blue Cross Blue Shield by June 2016.

The next meeting of the committee will be held at 1:30 p.m. on Thursday, July 23, 2015.

With no further business to consider, Mr. Wilkerson adjourned the meeting at 2:40 p.m.